

EMPLOYMENT APPLICATION

Board of Clark County Commissioners

Clark County Personnel Office

County Offices/Municipal Courts Building

50 East Columbia Street - P. O. Box 2639

Springfield, Ohio 45501-2639

Name: _____

Address: _____

Telephone #: _____ Length of time at current address: _____

Date of Application: _____ Full-Time Part-Time Temporary

Position(s) applied for: _____

Best time to call for an interview: _____ Best date & time for an interview: _____

Have you ever been employed by Clark County? Yes No If yes, please give date, department and reason for leaving:

Do you have any relatives employed by the County? Yes No If yes, please list name(s) and department(s):

Do you have proper I-95 documentation to be employed in the U.S.? Yes No

SECTION I – EMPLOYMENT HISTORY

FULLY DESCRIBE your work experience beginning with your most recent job – Use additional sheets if needed

Length of Employment

From: Mo. ____ Yr. ____

To: Mo. ____ Yr. ____

Full-Time Part-Time

Title of Position Held

Supervisor: _____

Telephone No.: _____

Rate of Pay: _____

Name & Address of Employer

Hours: _____

Duties Performed:

Reason for Leaving:

Length of Employment

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To: Mo. ____ Yr. ____

Full-Time Part-Time

Title of Position Held

Supervisor: _____

Telephone No.: _____

Rate of Pay: _____

Name & Address of Employer

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Telephone No.: _____

Rate of Pay: _____

Name & Address of Employer

Hours: _____

Duties Performed:

Reason for Leaving:

SECTION II - MILITARY SERVICE

(Military Discharge Certificate DD-214 may be required at time of employment)

Have you ever been in the Military? Yes No Branch: _____

Describe your positions: _____

Date of Entry: _____ Date of Separation: _____

Type of Discharge: _____

SECTION III - EDUCATIONAL HISTORY

(Give complete history – use additional sheets if needed)

High School: Name & Address: _____

Graduated: Yes No

College(s): Name & Address: _____

Degree: Yes No Type: _____

Training School: Name & Address: _____

Certificate: Yes No Type: _____

Licenses: _____

Skills: _____

If you are under the age of 18, can you provide a Work Permit? Yes No

SECTION IV - REFERENCES

Please complete the information below with the names of 3 individuals (no relatives) we may contact with for a reference.

1. _____

2. _____

3. _____

SECTION V - EMERGENCY INFORMATION

Please list below the name, address and telephone number of an individual who will always know your whereabouts that we may contact in CASE OF AN EMERGENCY.

BACKGROUND INFORMATION RELEASE AND OTHER REQUIREMENTS
(Please print or write legibly)

Name : _____

Address: _____

Social Security Number: _____

Ohio Driver License Number: _____

Do you have a Commercial Driver's License? Yes No CDL License # if different: _____

Endorsements: _____

QUESTIONNAIRE

1. Have you ever been convicted of a crime? Yes No If yes, please attach supplemental sheet giving date, place and nature of conviction.
 2. During the previous thirty-six months, have you been involved in any of the following? Please provide all details including date and location for any questions that are answered "yes":
 - a. Had automobile insurance rejected, canceled, refused or been in a high-risk insurance program? _____
 - b. Been involved in any accidents either at fault or not at fault? _____
 - c. Had any traffic or driving related violations other than overtime parking? _____
- Details if "yes" (attach supplemental sheet if needed): _____

I understand that as a condition of employment, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the County. I understand and agree that the County may conduct periodic reviews of my driving record including State of Ohio Bureau of Motor Vehicle records. I further understand that I may be asked to provide with my application, or at any time during my employment, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements as follows: bodily injury of \$100,000 per person/\$300,000 per accident and property damage of \$100,000 per accident or combined single limit for bodily injury and property damage of \$300,000 per accident. If employed, I further agree to report to my supervisor any accidents, convictions, violations, or cancellation of personal insurance immediately after they occur and prior to driving any vehicle on behalf of the County.

I affirm the facts set forth in this application are true and complete. I understand and agree that any false statement, omission of information or misrepresentation by me on this application will be sufficient cause for cancellation of this application and or dismissal from the employer's services if I have been employed. Furthermore, I understand that I am free to resign at any time and that the County reserves the right to terminate my employment at any time, subject to the procedures appropriate for the position or department. I understand that no one has the authority to make any assurance to the contrary.

I understand that if I am selected for employment with Clark County, I may be offered a position conditionally pending a pre-employment physical and drug screening. I further understand that any false statement or misrepresentation by me to the medical persons conducting the screening for the County or on any of the medical history forms, or failure to complete or pass the screening, will be sufficient cause for cancellation of a job offer or dismissal from the County's employment if I have been employed.

I give the employer the right to investigate all references and to contact all past employers and supervisors and to secure additional information about me, if job related, including, but not limited to records relating to any criminal and civil convictions during the application period or at any time during my employment. I hereby release from liability the County and its representatives for seeking such information and all other persons or organizations for furnishing such information. I further acknowledge that this document is a public document subject to the Ohio Public Records Act.

Signature of Applicant: _____

Date: ____/____/____

FOR OFFICE USE ONLY

Record Information:

Signature of Deputy or Authorized Personnel Releasing the
above Information

BOARD OF COUNTY COMMISSIONERS
CLARK COUNTY, OHIO

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